

**MARSH****CERTIFICATE OF INSURANCE**CERTIFICATE NUMBER  
CHI-001478995-01**PRODUCER**MARSH USA INC.  
500 WEST MONROE STREET  
CHICAGO, IL 60661  
Attn: (PH: 312 627-6994; FAX: 877 855 7274)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

**COMPANIES AFFORDING COVERAGE**

## COMPANY

**A** TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

## COMPANY

**B** FIREMAN'S FUND INSURANCE COMPANY

## COMPANY

**C** HOMELAND INS. CO. OF NY

## COMPANY

**D**

401944-STD-WPROF-06-07

**INSURED**CorVel Corporation  
Attn: Jeanette Mungcal  
2010 Main Street, Suite 600  
Irvine, CA 92614**COVERAGES**

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	TJ-GLSA-280K5095-06	04/30/06	04/30/07	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 1,000,000
					MED EXP (Any one person)	\$ 10,000
A	<b>AUTOMOBILE LIABILITY</b>	TJ-CAP-280K5102-06	04/30/06	04/30/07	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE: COMP \$500/COLL \$500					
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
B	<b>EXCESS LIABILITY</b>	XAU 00087723391	04/30/06	04/30/07	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	TC2J-UB-280K5071-06	04/30/06	04/30/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	
		TRJ-UB-280K5083-06	04/30/06	04/30/07	EL EACH ACCIDENT	\$ 1,000,000
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EL DISEASE-POLICY LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE-EACH EMPLOYEE	\$ 1,000,000
C	<b>OTHER</b>					
C	<b>MANAGED HEALTH CARE</b>	MCP 0500-05	10/31/05	10/31/06	LIMIT: \$1,000,000	
	<b>PROFESSIONAL LIABILITY (E&amp;O)</b>				SIR: \$500,000	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**CONTRACT NO. SCC060004  
THE STATE OF ARIZONA, ITS DEPARTMENTS, AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES AND ITS OFFICERS AGENTS AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED UNDER THE GENERAL LIABILITY POLICY AS THEIR INTEREST MAY APPEAR, BUT ONLY TO THE EXTENT SUCH STATUS IS REQUIRED UNDER THEIR WRITTEN CONTRACT / AGREEMENT WITH THE NAMED INSURED.**CERTIFICATE HOLDER**STATE OF ARIZONA - AHCCCS  
ATTN.: JAMEY SCHULTZ  
701 E. JEFFERSON STREET MD 5700  
PHOENIX, AZ 85034**CANCELLATION**SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

BY: Christy N. Miller

*Christy N. Miller*

MM1(3/02)

VALID AS OF: 05/30/06

DO NOT SEND TO IRS

Vendor MUST Print  
or Type information

## STATE OF ARIZONA

## SUBSTITUTE W-9 &amp; VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print  
or Type information

☒ Taxpayer Identification Number (TIN) ☐ TIN Type ☐ Employer Identification Number (EIN) ☒ State of Arizona HRIS EIN  
 State of Arizona Employees ONLY  
 95-3382819

☒ Legal Name  
 Must match TIN above

CorVel Corporation

☒ Entity Type Select one of the following

- ☒ Corporation (NOT providing health care, medical or legal services) (5A)  
☐ Corporation (providing health care, medical or legal services) (5M)  
☐ Partnership, LLP (5T)  
☐ PLLC, LLC (5C)  
☐ Individual/Sole Proprietor (5I)  
☐ The US or any of its political subdivisions or instrumentalities (2G)  
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)  
☐ Tax-exempt organization under IRC §501 (5O)  
☐ An international organization or any of its agencies or instrumentalities (5U)  
☐ State of Arizona employee (1E)  
☐ Other, Tax reportable entity (5P)

☒ Main Address Where tax information and general correspondence is to be mailed

DBA/Branch/Location **CorVel Corporation**  
 Address **2010 Main Street, Suite 600**  
 Address continued  
 City **Irvine** State **CA** Zip code **92614**

☒ Remit to Address ☐ Same as Main

DBA/Branch/Location **CorVel Corporation**  
 Address **P.O. Box 461308**  
 Address continued  
 City **Denver** State **CO** Zip code **80246**

☒ Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

*The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.*

Signature  Title **Account Executive** Date **5/25/06**

☒ Minority Business Indicator Select one of the following

- ☐ Small Business (01)  
☐ Small Business- African American (23)  
☐ Small Business- Asian (24)  
☐ Small Business- Hispanic (25)  
☐ Small Business- Native American (27)  
☐ Small Business- Other Minority (05)  
☐ Small, Woman Owned Business (06)  
☐ Small, Woman Owned Business- African American (29)  
☐ Small, Woman Owned Business- Asian (30)  
☐ Small, Woman Owned Business- Hispanic (31)  
☐ Small, Woman Owned Business- Native American (33)  
☐ Small, Woman Owned Business- Other Minority (11)  
☐ Woman Owned Business (03)  
☐ Woman Owned Business- African American (17)  
☐ Woman Owned Business- Asian (18)  
☐ Woman Owned Business- Hispanic (19)  
☐ Woman Owned Business- Native American (21)  
☐ Woman Owned Business- Other Minority (08)  
☐ Minority Owned Business- African American (04)  
☐ Minority Owned Business- Asian (32)  
☐ Minority Owned Business- Hispanic (74)  
☐ Minority Owned Business- Native American (15)  
☐ Minority Owned Business- Other Minority (02)  
☐ Non-Profit, IRC §501(c) (88)  
☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

☒ Contact Information

Name **Kirsten Castagnoli**  
 Phone # **720-250-718** EXT   
 Fax **720-250-0803**  
 email **kirsten\_castagnoli@corvel.com**

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY  Agency Authorization  Phone #  Date

STATE OF ARIZONA GAO USE ONLY

VENDOR &amp; STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other  ☐ Other

Vendor Number  MC  Processed by  Date Processed